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THE DESTINY OF THE
AMERICAN SURGICAL
ASSOCIATION

—MEARS

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THE DESTINY

OF THE

American Surgical Association

BY

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PHILADELPHIA

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WITH THE COMPLIMENTS
OF THE AUTHOR

. . . *That each thing, both in small and in
great, fulfilleth the task which destiny hath set down.*

HIPPOCRATES.

THE DESTINY
OF THE
AMERICAN SURGICAL ASSOCIATION

A FEW years ago the writer read before this Association a paper entitled, "Reminiscences of the Early Days of the American Surgical Association."¹ He was moved to present this subject for the consideration and thought of the Fellows at that time as he was one of the three surviving co-founders out of forty-eight who were associated with the Founder, the eminent Professor Samuel D. Gross, in the foundation and organization of the Association.

By reason of his very close association with and friendship for the Founder, the writer felt that, more than any other of the co-founders, he understood and appreciated his purposes and intentions in founding the Association, and possessed knowledge of facts which would be of interest and value in recording its early history.

Many of these facts were important in character and detail, as they had relation to questions closely concerned with what was esteemed the propriety of organizing a body of surgeons of

¹ Tr. Am. Surg. Assn., 1908, vol. xxvi, p. 15.

the country which might be hostile to the welfare of the Surgical Section of the American Medical Association and interfere with its growth and development.

The Founder was a distinguished member of the American Medical Association, and from its earliest days had taken an active interest in its work, had received its high honors, had participated especially in the work of the Surgical Section, knew of its needs for full and effective development and appreciated the difficulties in the way of their successful accomplishment. With this knowledge and with his extended experience as the great teacher, author, and practitioner, which gave him acquaintanceship and understanding of the professional qualifications and position of the members of the medical profession of the country who had chosen surgery as their specialty and who in the communities in which they resided were known as practitioners of this special branch of medicine, he was prepared to treat the question in just manner. Where medical institutions existed, these distinguished members of the profession had become teachers and authors, had gained for themselves honorable distinction, and their names and reputations have lived in the history of medicine of our country among the great men of the profession. The New England States, New York, Pennsylvania, Ohio, with the Middle West, the South, with Kentucky in the forefront, all were represented in the list as pioneer surgeons and contributors to the surgical history of the country which in several instances has given it distinction the world over.

Thus equipped the Founder, with far-reaching vision, believed that the organization of an independent body of surgeons would develop the work of the Surgical Section of the Medical Association and stimulate its growth; would perfect the contributions of its members; would give to its efforts distinction which it had not possessed. The condition of the Surgical Section of the Medical Association today verifies the prediction of the Founder and establishes the fact that he correctly understood its needs and appreciated to the fullest extent the effect the organization of the American Surgical Association would have upon it.

In founding the Surgical Association he had a clear perception and understanding as to the character and qualifications of the surgeons from the different parts of the country who should constitute its Fellowship. It was of paramount importance that it should be national in character, through which plan it would bring to its meetings and include in the pages of its volumes of *Transactions* the surgical work characteristic of the different portions of the country, influenced as it would inevitably be by modes of life and climate and topographical conditions. Its work was to be general, not special, and the beginning clauses of its Constitution set forth clearly the object or purpose of its organization and the qualification of those who should be eligible for Fellowship. To give knowledge to those of the Fellows who have not had the opportunity of reading the important organic law of the Association and to refresh the memories of those who may not have cherished its terms as they deserved,

the writer transcribes them and gives them place in this paper:

“1. The object of the Association is to promote the development and growth of surgical science and the welfare of the human race.

“2. Candidates eligible for election as Fellows should have made some reputation as author, teacher, practitioner or original investigator.”

The By-laws prescribed the manner of government. The Fellowship to be in number one hundred, and a limited number of Honorary Fellows to be chosen from the eminent surgeons of this country, of Great Britain and the continent of Europe. The Code of Ethics of the American Medical Association was adopted to determine the proper professional standing and conduct of the Fellows of the Association. The Hippocratic oath, to which each graduate in medicine subscribes when admitted to its ranks as members of the medical profession, was the pledge of fealty offered by the candidate as his claims for approval of the Council were solicited. Careful examination of the professional work of the candidate, with study of his contributions to surgical literature, guided the Council in its decision as to his eligibility for admission to Fellowship in the Association. With this scrutiny of the Council the candidate was presented to the Association for its suffrages. Medical politics was to take no part in deciding the result of the ballot. No elaborate ritual brought the successful candidate to the presence of the presiding officer and Fellows. Cap and gown and hood did not adorn

his person in foreign imitation—he needed no such artificial proclamation of his merits—he had complied with the requirements of the organic law of the Association and was pronounced by the Council worthy of the high honor to be bestowed upon him in his nomination as a Fellow of the Association—to be ever loyal to its purposes and hostile to all acts of degradation of its integrity as the exponent of surgical science of our country.

The Association thus organized was prepared to begin its work. In its study and discussion of important surgical subjects awaiting final decision it was intended that it should be the court of last resort. A Fellow of the Association was appointed to read a paper on a subject chosen either by the Association or by himself and a number were appointed to discuss the paper presented. In this manner a systematic treatment of the subject could be obtained. Today the method employed, while not the same in detail, is similar, as is seen in the program of the present meeting. The grouping of various subjects having relation to the one which is principal, invites its exhaustive discussion. The value of this plan of treatment is unquestioned and gives it a completeness which could not be otherwise obtained. In the event of the presentation of a wide field of investigation the subject could be considered at a later meeting and the information gained by the intervening experience become a part of the treatment of the principal subject. To illustrate: The much-mooted question of “Bony Union after Intracapsular Fracture of the Neck of the Femur” was elabo-

rately treated by one of the distinguished Fellows of the Association at a second meeting of the Association.¹ The program of the meeting today announces the reading of a paper on the same subject which will present the latest knowledge of the subject, the result of study and experimental investigation. In this way a solution of the vexed problem may be reached.

Also, at the second meeting, a paper² was read which recited the results of experimentation on animals to determine the possibility of the employment of aseptic ligatures in controlling hemorrhage in operations involving the peritoneum and the organs of the abdominal cavity, the ligatures, either of silk, silver or other material, which might be regarded as a foreign body, to be permitted to remain *in situ*. Before this time it was the rule to apply a clamp to the pedicle in ovarian tumor operations and fasten it between the edges of the abdominal incision in order to avoid hemorrhage. Ligatures applied to bleeding vessels were brought out of the cavity with the pedicle and removed, when sufficient time had elapsed, by gentle traction in the same manner as in amputation operation upon the extremities. The result of experiments which were made showed on examination that the knot of the ligature became encapsulated and in this condition remained *in situ* as a harmless body. While this paper recited experimental work not of great magnitude it demonstrated a great fact.

¹ Nicholas Senn, 1881-83, vol. i, p. 167.

² J. Ewing Mears: The Intraperitoneal Method of Treating the Pedicle in Ovariectomy, with a Report of Some Experiments Made, 1881-83, vol. i, p. 173.

It is necessary only to glance at the titles of the papers printed on the program of this year's meeting of the Association to comprehend the absolute necessity of employing this form of ligature in the operations there recorded—operations great in variety and many great as well in character and importance that would be in a measure impossible of performance under the older methods.

Still further, at one of the early meetings of the Association a paper on neuralgia of the inferior dental branch of the fifth cranial nerve,¹ in which the portion in the inferior dental canal was excised, the nerve by dissection being exposed to the foramen through which the main trunk emerges from the cranial cavity just after its distribution from the Gasserian ganglion. The dissection made in the operation demonstrated the ability to reach the ganglion without great difficulty and induced the operator to make the suggestion that inveterate attacks of trifacial neuralgia might be successfully treated by removal of the Gasserian ganglion. This suggestion was accepted as novel and of importance, and was recorded in anatomical and surgical text-books in this country and in Europe, the American Surgical Association gaining the distinction through one of its Fellows, and its volume of *Transactions* was given importance as the book of reference. It has promoted the treatment of trifacial

¹ J. Ewing Mears: Study of the Pathological Changes Occurring in Facial Neuralgia, with the Report of a Case in which Three Inches of the Inferior Dental Nerve were Excised, 1884, vol. ii, p. 469. Cure of Facial Neuralgia, 1896, vol. xiv, p. 42.

neuralgia by surgical procedures, as is well known. The program of today's meeting contains the title of a paper which may be claimed as having a relation to the suggestion of excision of the ganglion, presenting a method of treatment of important value.

In this brief statement the attention of the Fellows is directed to the work of the Association in the beginning days. It fulfilled the tests of eligibility set forth by the founder, among them that of original investigation; it showed the important character of the subjects chosen for study and development.

In the thirty-seven years of its existence the Fellows have dealt with the great problems in surgery; have labored in effective manner to elucidate the great principles of surgical science, to take from the surgeon's knife the bane of mutilation and give to it conservative and constructive powers. Laboratory study has claimed the unremitting work of a number of the ablest and most distinguished Fellows of the Association in the effort to solve the vexed problem of the cause and treatment of the various forms of malignant disease. Knowledge of this subject grows slowly but effectively. In the near future, it is believed, the problem will receive a true solution and stop the ravages of this, thus far, unconquered disease.

In my paper on "Reminiscences of the Early Days of the Association" attention was directed to the part the Association took in the organization of the Congress of American Physicians and Surgeons. Its action, accomplished by resolution and the formation of a committee to meet in consultation with a like

committee appointed by each society or association devoted to the cultivation of the special branches of medicine, led to the formation of a Congress composed of separate bodies, a meeting of which was arranged for at intervals of three years. A central body of the Congress controlled the joint meeting of the separate bodies, which participated without the loss in any way of their autonomy. The value of the meetings of the Congress consists in most important manner in bringing together for scientific work and social intercourse the prominent members of the medical profession devoted to the study and practice of the special branches in medicine throughout the country. Its purposes are of a high order and its work has given distinction to American medicine. The successive meetings of the Congress have demonstrated the value of such organization, and the American Surgical Association is awarded the credit of its foundation.

Approaching two score years of work, the American Surgical Association can point with becoming pride to its accomplishments. In its life it has gathered into its circle of Fellowship the ablest members of the profession of medicine in Europe and America. Its tests for Fellowship were set high and the door of entrance into its ranks has been zealously and faithfully guarded.

A distinguished President of the Association in his inaugural address gave inspiring character to its Fellowship in the statement that "quality" *not* "quantity" should always be the determining factor in the selection of those who should constitute the membership of the Association.

Its thirty-four volumes of *Transactions* have builded a glorious monument of scientific surgical work which has made lasting impression on the study and practice of surgery the world over. It will stand forever as a monument to the far-reaching vision of the great Founder of the Association.

We, who control its work today, must not forget the great responsibility which rests upon us to preserve intact its organization; to maintain its high position as a separate and independent body, the exponent of American surgery; to remain ever true to our pledges of loyalty. In such manner the destiny of our great Association will be fulfilled, and we, with those who succeed us, inspired by like devotion, will become the masters of its destiny.

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